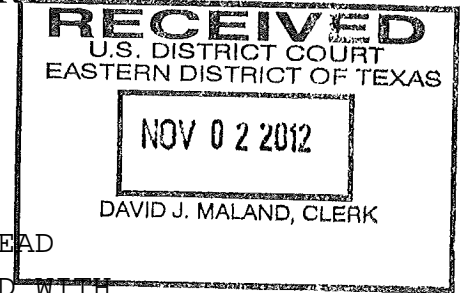


AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas



Blue Spike, LLC

Plaintiff(s)

v.

TvTak USA, Inc., et al.

Defendant(s)

6:12CV499 LEAD

CONSOLIDATED WITH
Civil Action No. 6:12-CV-646

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) TvTak USA, Inc.
David Amselem, CEO or Yuval Hava, CTO
110 E. 23rd Street, 8th Floor
New York, New York 10010

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Eric M. Albritton
ALBRITTON LAW FIRM
P.O. Box 2649
Longview, Texas 75606

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 9/24/12



CLERK OF COURT

David Maland

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 6:12-CV-646

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* TvTak USA, Inc.
was received by me on *(date)* 10/01/2012 .

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____ ; or

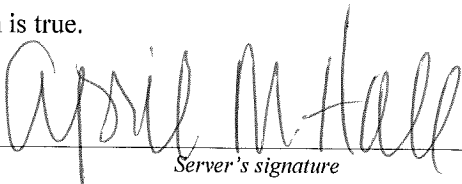
☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: Certified Mail, Return Receipt Requested # 70080500000118061494

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 10/01/2012



Server's signature

April M. Hall

Printed name and title

111 West Tyler Longview, Tx. 75601

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™ *BS-TV-Tak*
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 5.65
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$10.95

TVTak USA, Inc.

Sent To **David Amselem, CEO or Yuval Hava, CTO**
 Street, Apt. No. or PO Box No. **110 East 23rd Street, 8th Floor**
 City, State, ZIP+4 **New York, New York 10010**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TvTak USA, Inc.
 David Amselem, CEO or
 Yuval Hava, CTO
 110 East 23rd Street, 8th Floor
 New York, New York 10010

2. Article Number

(Transfer from service label)

7008 0500 0001 1806 1494

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent☐ Addressee

B. Received by (Printed Name)

Andrie Malin

C. Date of Delivery

10/1/12

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540